ANNUAL REVIEW

COMMUNITY HEALTH SERVICES BRANCH

SWIFT CURRENT HEALTH REGION # 1

1988/89

89-06016/

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PERSONNEL

Medical Health Officer/Regional Director

* Dr. W.S.E. Jones (commenced part-time duties in August, 1988, full-time duties March 1, 1989)

Director of Regional Support Services

* A.W. Tkatchuk (commenced full-time duties June 1, 1988)

Chiropody

Dr. Terry Wharton, Chiropodist
Cathy Sartison, Chiropody Assistant

Community Therapy

Donna Henderson, Therapist III
Dianne Kruse-Dahl, Therapist III
Bev LeBruno, Therapist III
Lyn Sauder, Therapist III
Colette Anderson

Dental Health Education

Loretta Fuller, Dental Therapist

Nutritionist

* Laurie Wadsworth (commenced on casual basis in November, 1988, full time January/89)

Public Health Inspection

* John Bower, Senior Public Health Inspector
Robin Galbraith, Public Health Inspector II
Mathew Green, Public Health Inspector II
Grant Paulson, Public Health Inspector II

Public Health Nursing

* Joan Whiteside, Regional Nursing Supervisor
Hazel Padfield, Public Health Nurse II
Maureen Chatton, Public Health Nurse I
Jennifer Heinrichs, Public Health Nurse I (casual)
Margaret Holt, Public Health Nurse I
Laurie Pilkey, Public Health Nurse I
Rebecca Pollock, Public Health Nurse I (casual)
Kathy Scherger, Public Health Nurse I
Bonnie Shaw, Public Health Nurse I

Speech-Language Pathology

Lynn Bateson
Michele Kusler (Temporary position closed June 30, 1989)

* Denotes dual responsibilities in Swift Current and Moose Jaw

Support Services

Ardyce Taylor, Clerk Typist III
Ad Hyswick, Clerk Typist II
Sally Wiens, Clerk Typist II (job-sharing)
Julie Wagner, Clerk Typist II (job-sharing)

DISTRICT OFFICES

Leader District Office

Jeannine Schmaltz, Public Health Nurse I
Joan Nixon, Clerk I (part-time)

Maple Creek District Office

Mary Wiseman, Public Health Nurse I
Corinne Arnold, Public Helath Nurse I
Sharlaine Dean, Clerk Typist II (commenced January, 1989) (part-time)

Shaunavon District Office

Marlette Lucas-Simpson, Public Health Nurse I
Leslie Ann Wagner, Public Health Nurse I
Beverly Goulet, Clerk Typist II (part-time)

REGIONAL BOARD OF HEALTH

HEALTH REGION #1 - SWIFT CURRENT
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BOARD MEMBERS AS OF JUNE 9, 1988

Andrew Lockhart	Chairman	Box 636, Maple Creek	662-3059
Shirley Williams	Vice-Chairman	Box 6, Pennant	626-3238
Rose Kirkpatrick	Treasurer	Box 163, Cabri	587-2566
Ernest Howes		Box 28, Sceptre	623-4364
John Kimber		Box 241, Tompkins	622-2135
Kathy Lang		Box 8, Waldeck	773-9778
Donat Girard		Box 421, Eastend	295-3235
Rod Thienes		Box 91, Shaunavon	297-3864
Marvin Hinds		366-5th Ave. S.E. Swift Current	773-7481

RURAL MUNICIPALITIES

Val Marie No. 17	Doris Kornfeld (Mrs.) Box 30 Val Marie SON 2TO	298-4609
*Lone Tree No. 18		
Frontier No. 19	Ernest W. Nelson Frontier SON OWO	
Glen McPherson No. 46 (Mankota)	Gary Stinson Box 269 Ponteix SON 1ZO	
White Valley No. 49 (Eastend)	Donat Girard, Box 421 Eastend SON OTO	295-3235
Reno No. 51 (Consul)	Grace Fairbrother (Miss) Box 52 Consul SON OPO	299-4561 (299-:
Auvergne No. 76 (Ponteix)	Dale Davidson Aneroid SON OCO	588-2605
Wise Creek No. 77 (Shaunavon)	Norman R. Galey Box 86 Cadillac SON OKO	
Grassy Creek No. 78 (Shaunavon)	Gary Van Sandt Box147 Shaunavon SON 2MO	
Arlington No. 79 (Shaunavon)	Rod Thienes Box 91 Shaunavon SON 2MO	297-3864
Glen Bain No. 105	Jerry Scheller Vanguard SON 2VO	582-6118
Whiska Creek No. 106 (Vanguard)	Joe Holenski Box 304 Vanguard SON 2VO	
Lac Pelletier No. 107	Henry Hildebrandt Box 40 Blumenhof SON OEO	
*Bone Creek No. 108 (Shaunavon)		

Rural Municipalities (continued)

Carmichael No. 109 (Gull Lake)	Howard Wedrick Box 634 Gull Lake SON 1A)	672-3963
Piapot No. 110	Brian Wolfater Box 254 Tompkins SON 2S0	
Maple Creek No. 111	John Schock Box 1016 Maple Creek SON 1N0	662-2023
Coulee No. 136	Victor Wilson Site 4, Box 5 Swift Current S9H 3X7	553-2340
Swift Current No. 137	Gilbert Bulin 873-9th Ave. N.E. Swift Current S9H 2S8	
Webb No. 138	Bill Jewitt Box 32 Webb SON 2X0	
Gull Lake No. 139	Les Allison Box 693 Gull Lake SON 1A0	
Big Stick No. 141 (Golden Prairie)	Andrew Lockhart Box 636 Maple Creek SON 1N0	662-3059
Enterprise No. 142 (Richmound)	Jim Brown Box 53 Richmound SON 2E0	
*Excelsior No. 166 (Rush Lake)	Don Meyer Box 98 Rush Lake SOH 3S0	
Sask. Landing No. 167	Dan Barber Stewart Valley SON 2P0	778-2259
Riverside No. 168 (Pennant)	Shirley Williams Box 6 Pennant SON 1X0	626-3238
* Pittville No. 169 (Hazlet)	Dan West Hazlet SON 1E0	
Fox Valley No. 171	Robert Hellman Box 86 Richmound SON 2E0	

Rural Municipalities (continued)

Miry Creek No. 229 (Abbey)	Donald A. Barr Abbey SON OAO
*Clinworth No. 230 (Sceptre)	Patricia Jorgenson Portreeve, SON 2AO
Happyland No. 231 (Leader)	Maynard Mastel Box 338 Leader SON 1HO
Deer Forks No. 232 (Burstall)	Raymond Ehnisz Burstall SON 1HO (Alternate) (Don C. Heeg Box 144 Leader SON 1HO)

VILLAGES

Abbey	Donald Barr Abbey SON 0A0	
Admiral	Ivan Spetz Box 44 Admiral SON 0B0	
*Aneroid	Jack McMillan Aneroid SON 0C0	588-2335
Bracken	Donald Broom Bracken SON 0G0	
*Cadillac	Twila St. Jacques Box 189 Cadillac SON 0K0	785-2100
Carmichael (Gull Lake)	Stephen Metz Box 714 Gull Lake SON 1A0	672-3791
Climax	Lloyd Bakken Climax SON 0N0	293-2037
Consul	Carrie Funk Box 185 Consul SON 0P0	
Dollard	Ray Goulet Box 4 Dollard SON 0S0	
Fox Valley	Tony J. Koch Box 243 Fox Valley SON 0V0	
Frontier	Jim Reid Frontier SON 0W0	
Golden Prairie	Lawrence Oddan Golden Prairie SON 0Y0	
*Hazlet		
Lancer	Lester Jorgenson Box 14 Lancer SON 1G0	
*Mendham		

Villages (continued)

Neville	Grace Porter Box 103 Neville SON 1TO	
Pennant	Harold Horvey Pennant SON 1XO	
Piapot	Charlie Bertram Piapot SON 1YO	
Prelate	Jeannine Schmaltz Gen. Delivery Prelate SON 2BO	
* Richmound		
Robsart	Archie L. Smiley Robsart SON 2GO	
* Rush Lake	Adeline Steinley Box 120, Rush Lake SOH 3SO	773-7114(H) &84-3504(W)
Sceptre	Ernest Howes Box 28 Sceptre SON 2HO	623-4364
Shackleton	Clifford Plant Box 171 Cabri SON OJO	
Stewart Valley	Douglas Shumaker Stewart Valley SON 2PO	
** Success (replied stating no one available)		
Tompkins	John Kimber Box 241 Tompkins SON 2SO	622-2135
*Val Marie		
Vanguard	Marjorie Deg Vanguard SON 2VO	
Waldeck	Kathy Lang Box 8 Waldeck SOH 4JO	773-9778

Villages (continued)

Webb	Bill Jewitt Box 32 Webb SON 2XO

TOWNS AND CITIES

Burstall	Ken Hook Box 114 Burstall SON OHO	
Cabri	Rose Kirkpatrick Box 163 Cabri SON OJO	587-2566
* Eastend	Clarence Thompson Eastend SON OTO	
Gull Lake	Ida-Mae Leek Box 74 Gull Lake SON 1AO	
Leader	Virge Hoffman Box 427 Leader SON 1HO	
Maple Creek	Jack Migowsky Box 143 Maple Creek SON 1NO	
Ponteix	David Boisjoli Ponteix, SON 1ZO	
Shaunavon	Richard Schneider Box 207 Shaunavon SON 2MO	297-3603 (Bus) 2412 (Res)

SWIFT CURRENT DISTRICT

Swift Current	Marvin Hinds 366-5th Ave. S.E. Swift Current S9H 3N2	773-7481

MISSION STATEMENT

WORKING TOGETHER

FOR HEALTH

AND

WELL BEING

MEDICAL HEALTH OFFICER/REGIONAL DIRECTOR'S ANNUAL REPORT 1988

This year has seen numerous activities in the region.

Dr. J.N. Burkholder

Dr. Burkholder resigned as the Medical Health Officer and Regional Director in May, 1988 after which the position was filled part-time as of August 2nd, 1988. The gap in the appointment was due to the difficulty in getting a suitable candidate in filling this position. The present Medical Health Officer and Regional Director, Dr. Wilfred S. Jones, started in August, came on full-time on March 1, 1989, continuing as Dr. Burkholder - being responsible for Health Region No. 2. Since both regions are twinned in function for the Medical Health Officer.

Dr. Wilfred S. Jones

Dr. Jones, as the new Medical Health Officer, underwent the appropriate orientation by other Medical Health Officers; Administrative Personnel; and by the various Heads of Disciplines he would be working with in this region. By the end of December, 1988, the Medical Health Officer visited the majority of rural offices - to meet with staff operating these offices and Child Health Clinics; to advise on current difficulties; to observe staff at work in these settings. The orientation proceeded aptly and expeditiously with very little hitch. Inservice to the Board and various staff was undertaken in the spring.

Other changes in staff positions were as follows:

New Appointments		Commenced
Ms. Laurie Wadsworth	Nutritionist	Janaury 1, 1989
Mr. A.W. Tkatchuk	Director Regional Support Services	June 1, 1988
Mr. Robert Blatchford	Public Health Inspector II	June 13, 1988
	(transferred to Assiniboia)	January 1, 1989
Ms. Julie Wagner	Clerk Typist II	August 8, 1988
Ms. Sharlaine Dean	Clerk Typist II	January 4, 1989
Mr. Mathew Green	Public Health Inspector	December 5, 1988

Resignations		Date
Dr. J.N. Burkholder	Medical Health Officer	May 6, 1988
Dr. R. Hertzog	Early Childhood Psychologist	May 23, 1988
Ms. Jan Ayer	Nutritionist	September 16, 1988
Ms. Brenda Bergstrom	Clerk Typist II	April 30, 1988
Ms. Gerry Carson	Clerk Typist II	September 23, 1988

In the Regional Office, regular senior staff meetings were held once monthly in order to review the progress of programmes; access interdisciplinary interaction; effect policies from Branch headquarters; review any pertinent matters. Heads of disciplines would then disseminate information to the rest of their associates.

EXISTING PROGRAMMES

Immunization: Pertaining to Child Health, this has continued with the same enthusiasm by parents with spurts of greater enthusiasm following any epidemic concern, as in the case of measles and meningitis. The latter having occurred elsewhere in Canada.

Communicable Diseases: Continues to be reported. A more comprehensive list, including newer diseases as E. Coli 0157 caused gastroenteritis, has recently been drawn.

Sexually Transmitted Diseases: Is being reported somewhat indifferently. Action has already commenced to rectify this. However, it has become quite evident that there is a great need to change and address the shortcoming of the Venereal Disease Act and this is being done.

The AIDS Awareness Programme: Is still being carried on but with a somewhat less enthusiasm in the schools. Inservice of AIDS in the Workplace has now started.

The Early Childhood Assessment Programmes: These programmes are continuing but it should be noted there has been some modification in the Denver and Preschool Vision Assessment schemes. The latter starting earlier now at age 3 years involving a different procedure.

Oxygen Therapy: For home utilization, involves our nurses and is seen to be overlapping with other parties involved in respiratory treatment at home as for example Home Care and Associated Respiratory Programme.

Ongoing assessment as to the need for oxygen therapy equipment is now being undertaken in order to reestablish existing needs for such equipment. These are expensive equipment. The use of which we are finding many a time are ill-advised and not indicated.

Community Therapy Services: Comprising of physiotherapy and occupational therapy services, continues to exemplify its usefulness particularly in rural areas affording those who need these services to remain in their own locale with all the attendant advantages of such a strategy.

Early Childhood Psychologist: Programme has been temporarily halted due to lack of personnel available for hiring.

The Speech and Language Pathologists: Consists of one full-time and one part-time staff who complement each other in the time frame.

Public Health Inspection: Has continued to maintain the safety check in particular to food, water pollution and to a lesser degree environmental pollution. The recent desperate shortage of Public Health Inspectors is now improving as a result of intense efforts by the Branch.

Dental Health Education: Has successfully continued the Dental Health Programme in schools with dental hygiene instructions and the dental fluoride rinse performed and supervised to each child.

Chiropody Programme: Continuing successfully with no waiting list. This programme, long needed, is now well established in the care of the feet with regard to deformity; abnormality; chronic disease; manifestation of the feet as for example Diabetes Mellitus. The availability of this programme has reduced the need for invasive surgery in many.

NEW PROGRAMMES

Teen Pregnancy Programme: The Adolescent Pregnancy Programme has been recently reinaugurated to reduce this unfortunate situation. You will recall the repercussions of teenage pregnancy was discussed in the annual spring inservice session. The region greatly depends on referral by anyone to the Medical Health Officer by telephone or any other means.

Everyone Wins Programme: Draws the individual's attention to seven lifestyles which can affect the longevity and quality of life. These are:

- Nutrition
- Accident Prevention
- Physical Fitness
- Avoidance of Smoking
- Avoidance of Excessive Alcohol and Increase in Drug Awareness
- Prevention of Communicable Diseases
- Stress Control

This programme continues fervently and its promotional progress hinges on all of us making those around us aware of these virtues; that grants are available from the provincial government to catalyze or promote any or all of these items.

Serving People First: This is a programme that is intended to improve our health service in a positive manner. All staff in this region have now participated in this programme. It has led to the formation of Systems and Strategy Committees both of which are intricately involved in desired changes to make serving people first the acme.

"Working Together for Health and Well-Being" has now been adopted as the mission statement in the Department of Health and, indeed, is our goal. By working together, serving people first, everyone wins!

Vital Statistics and Other Statistics

These statistics are appended at the end of this report.

I wish to thank all members of the Board and all members of staff for their cooperation during the year 1988.

W.S.E. Jones

Dr. W.S.E. Jones
Medical Health Officer/Regional Director

WSEJ/at

TABLE I

NUMBER OF BIRTHS OCCURRING IN SASKATCHEWAN IN 1988
BY MOTHER'S AGE, MARITAL STATUS AND HEALTH REGION

		TOTAL	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45+
TOTAL FOR PROVINCE	TOTAL	16700	36	1593	4646	6305	3240	788	88	4
	MARRIED	12446		228	3017	5507	2929	684	79	2
	OTHER	4254	36	1365	1629	798	311	104	9	2
# 1 SWIFT CURRENT	TOTAL	539	1	34	144	237	103	15	5	
	MARRIED	472		6	121	228	89	13	5	
	OTHER	67	1	28	23	9	4	2		
# 2 MOOSE JAW-ASSINIBOIA-GRAVELBOURG	TOTAL	959	1	74	275	386	174	40	8	1
	MARRIED	798		14	221	354	165	36	8	
	OTHER	161	1	60	54	32	9	4		1

These figures show the difference between Region 1 & 2. Region in comparison with each other and the Province of Saskatchewan.

TABLE II

TEENAGE BIRTH RATES FOR SPECIFIED AREAS
1986 - 1988

	10 - 14	15 - 19
Moose Jaw Health Region		
1986	0.43	39.71
1987*	0.41	42.38
1988*	0.41	33.48
Swift Current Health Region		
1986	-	15.69
1987*	0.57	15.40
1988*	0.56	19.47
Saskatchewan		
1986	0.49	44.93
1987	0.95	43.31
1988*	0.93	40.86
Canada		
1986	0.24	22.73
1987*	0.27	22.54
1988*	N/A	N/A

Birth rate is calculated as the number of births per 1,000 females in the specified age group.

Covered Population for 1986, 1987 and 1988 was used to calculate rates for Moose Jaw and Swift Current Health Regions and for Saskatchewan.

Statistics Canada Postcensal Estimates were used to calculate rates for Canada.

* Preliminary Data

N/A Not Available

This also reveals a slight drop in Teenage Birth Rate except for 1988 in the 15-19 years age group in both twinned regions Moose Jaw and Swift Current. Teenage Birth Rates for the 10-14 years old remain the same for 1987, 1988 for Moose Jaw.
It should be noted province wide an Adolescent Pregnancy Programme was re-inaugurated as of 1st April, 1989.

TABLE III

TOTAL NUMBER OF VITAL EVENTS OCCURRING IN SASKATCHEWAN IN 1988
BY HEALTH REGION

HEALTH REGION	BIRTHS	DEATHS	INFANT DEATHS	NEONATAL DEATHS	PERINATAL DEATHS	STILL BIRTHS	INFANT DEATH RATE	PERINATAL DEATH RATE
TOTAL FOR PROVINCE	16700	8084	140	85	123	53	8.38	7.34
# 1 SWIFT CURRENT	539	398	6	4	5	2	11.13	9.24
# 2 MOOSE JAW-ASSINIBOIA-GRAVELBOURG	959	696	6	4	5	2	6.26	5.20

The perinatal mortality rate is now reasonably low and it is hoped this will leave room for attention to reduce perinatal morbidity.

TABLE IV

NUMBER OF DEATHS (ICDA IN E850-E869 OR E880-E929)
OCCURING IN SASKATCHEWAN IN 1988
BY LOCATION OF DEATH AND CAUSE OF DEATH

	HOME	FARM	MINE QUARRY	INDST. PLACE	SPORT PLACE	HWY.	PUBLIC BLDG	RESID. INST.	OTHER	NOT SPEC.	NOT AVAIL.	TOTAL
ALL CAUSES OF DEATH	113	22		9	1	7	5	41	20	16	12	246
E48 ACCIDENTAL POISONING	9									5	2	16
E50 ACCIDENTAL FALLS	60			1		4	4	32	1	6	1	109
E51 ACCIDENTS CAUSED BY FIRES & FLAMES	19								1			20
E52 OTHER ACCIDENTS,LATE EFFECTS	25	22		8	1	3	1	9	18	5	9	101

The home is the most frequent place at which accidental deaths occur.

TABLE V

NUMBER OF DEATHS BY CAUSE, AGE GROUP AND SEX
OCCURRING IN SASKATCHEWAN IN 1988
FOR HEALTH REGION # 2 MOOSE JAW-ASSINIBOIA-GRAVELBOURG

	TOTAL	ALL AGES		< 15		15-24		25-44		45-64		65-74		75+	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F
ALL CAUSES OF DEATH	696	393	303	6	4	7	2	10	10	62	27	106	65	202	195
08 M N OF LIP,ORAL CAVITY,PHARYNX	2	1	1	0	0	0	0	0	0	0	0	0	0	1	1
09 M N OF DIGESTIVE ORGANS,PERITONEUM	51	26	25	0	0	0	0	0	2	2	3	11	6	13	14
10 M N OF RESPIRATORY & RELATED ORGANS	44	31	13	0	0	0	0	0	0	5	3	17	5	9	5
11 M N OF BONE,SKIN,BREAST	12	2	10	0	0	0	0	0	1	1	1	1	3	0	5
12 M.N. OF GENITOURINARY ORGANS	33	21	12	0	0	0	0	0	0	2	4	3	4	16	4
13 M N OF OTHER & UNSPECIFIED SITES	15	7	8	0	0	0	0	1	0	2	1	2	5	2	2
14 M N OF LYMPH & HAEMOPOIETIC TISSUE	16	9	7	0	0	0	0	0	1	2	1	3	2	4	3
15 BENIGN NEOPLASM	1	1	0	0	0	0	0	0	0	1	0	0	0	0	0
17 OTHER & UNSPECIFIED NEOPLASM	2	2	0	0	0	0	0	0	0	0	0	1	0	1	0
18 ENDOCRINE & METABOLIC DISEASES	14	6	8	0	0	0	0	1	1	1	0	1	2	3	5
20 DIS OF BLOOD/FORMING ORGANS	5	3	2	0	0	0	0	0	1	0	0	2	0	1	1
21 MENTAL DISORDERS	10	4	6	0	0	0	0	0	0	0	0	0	0	4	6
22 DISEASES OF THE NERVOUS SYSTEM	21	14	7	0	1	0	0	1	0	2	2	5	1	6	3
25 RHEUMATIC FEVER/HEART DISEASE	1	0	1	0	0	0	0	0	0	0	0	0	0	0	1
26 HYPERTENSIVE DISEASE	6	2	4	0	0	0	0	0	0	1	0	1	2	0	2
27 ISCHAEMIC HEART DISEASE	180	108	72	0	0	0	1	3	0	24	5	26	13	55	53
28 PULMONARY & OTHER HEART DISEASE	57	27	30	0	0	0	0	0	0	1	0	8	3	18	27
29 CEREBROVASCULAR DISEASE	47	20	27	0	0	0	0	1	0	1	1	5	7	13	19
30 OTHER DISEASES OF CIRCULATORY SYSTEM	21	13	8	0	0	0	0	0	0	3	0	2	2	8	6
31 DISEASES OF UPPER RESPIRATORY TRACT	2	1	1	0	1	0	0	0	0	0	0	1	0	0	0
32 OTHER DISEASES OF RESPIRATORY SYSTEM	78	50	28	1	0	1	0	0	1	6	3	9	6	33	18
34 OTHER PARTS OF DIGESTIVE SYSTEM	11	7	4	0	0	1	0	0	0	1	1	2	0	3	3
35 DISEASES OF URINARY SYSTEM	9	3	6	1	0	0	0	0	0	0	1	1	1	1	4
43 MUSCULOSKELETAL & CONNECTIVE TISSUE	5	1	4	0	0	0	0	0	1	0	1	0	0	1	2
44 CONGENITAL ANOMALIES	4	2	2	2	1	0	0	0	1	0	0	0	0	0	0
45 CONDITIONS IN PERINATAL PERIOD	1	0	1	0	1	0	0	0	0	0	0	0	0	0	0
46 SYMPTOMS & ILL-DEFINED CONDITIONS	2	0	2	0	0	0	0	0	0	0	0	0	0	0	2
E47 TRANSPORT ACCIDENTS	14	11	3	0	0	1	1	1	0	2	0	3	2	4	0
E50 ACCIDENTAL FALLS	18	9	9	0	0	0	0	0	0	2	0	2	0	5	9
E52 OTHER ACCIDENTS,LATE EFFECTS	4	3	1	1	0	2	0	0	0	0	0	0	1	0	0
E54 SUICIDE AND SELF-INFLICTED INJURY	9	8	1	0	0	2	0	2	1	3	0	0	0	1	0
E55 HOMICIDE & INTENTIONAL INJURY	1	1	0	1	0	0	0	0	0	0	0	0	0	0	0

Ischaemic Disease of the heart followed by other diseases of the respiratory system are the leading causes of death. The "Everyone Wins" programme inaugurated in 1988 calls attention to alter our lifestyles.

See Page 3 of the report.

TABLE VI

NUMBER OF DEATHS BY LOCATION, AGE GROUP AND SEX
OCCURRING IN SASKATCHEWAN IN 1988
DUE TO E51 ACCIDENTS CAUSED BY FIRES & FLAMES

	TOTAL	ALL AGES		< 15		15-24		25-44		45-64		65-74		75+	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F
TOTAL	20	15	5	4	3	0	0	7	0	1	1	1	1	2	0
HOME	19	14	5	4	3	0	0	7	0	1	1	1	1	1	0
OTHER SPECIFIED PLACES	1	1	0	0	0	0	0	0	0	0	0	0	0	1	0

Note: Accident in the home by fires and flames is the biggest most single cause of accidental deaths and that at the prime of life ages 25-44.

TABLE VII

NUMBER OF DEATHS BY LOCATION, AGE GROUP AND SEX
OCCURRING IN SASKATCHEWAN IN 1988
DUE TO ALL CAUSES OF DEATH

	TOTAL	ALL AGES		< 15		15-24		25-44		45-64		65-74		75+	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F
TOTAL	246	161	85	23	7	15	3	33	6	35	6	16	8	39	55
NOT AVAILABLE	12	6	6	2	2	1	1	1	0	0	0	1	1	1	2
HOME	113	69	44	10	4	4	1	14	5	14	4	9	5	18	25
FARM	22	20	2	2	0	5	0	4	0	7	2	2	0	0	0
INDUSTRIAL PLACE	9	9	0	0	0	2	0	6	0	1	0	0	0	0	0
PLACE OF RECREATION	1	1	0	1	0	0	0	0	0	0	0	0	0	0	0
STREET AND HIGHWAY	7	6	1	1	0	1	0	0	0	3	0	1	0	0	1
PUBLIC BUILDING	5	3	2	1	1	0	0	0	0	0	0	1	0	1	1
RESIDENTIAL BUILDING	41	18	23	1	0	0	0	0	0	2	0	0	1	15	22
OTHER SPECIFIED PLACES	20	20	0	5	0	2	0	7	0	4	0	0	0	2	0
UNSPECIFIED	16	9	7	0	0	0	1	1	1	4	0	2	1	2	4

The home is the most frequent place for causes of death.

In the 75+ years of age here are caused by falls not shown in the statistics here.

DIRECTOR OF REGIONAL SUPPORT SERVICES

This is the first annual report of the Director of Regional Support Services which I respectfully submit to the Swift Current Regional Health Council.

I joined the Region staff on June 1, 1988, with joint responsibilities for Moose Jaw and Swift Current Health Region. The position was newly created in all regions in Community Health Services Branch, with the major responsibilities of the position being to provide management and administrative support to the Medical Health Officer and direct supervision over the Chiropody, Community Therapy Programmes as well as the clerical staff.

I came to the position with experience in administration although had not worked within the government service. This required me to become familiar with the Department of Health's procedures quickly in order to implement effective inhouse administrative actions consistent with Branch objectives. I could not have achieved many of the successes experienced without the cooperation of the staff in the region and support given to me by the Medical Health Officer and Branch staff. In my dealing with the Board as secretary, I found these responsibilities rewarding. The Chairman, Mr. McGregor, and the Board, as a whole were interesting individuals to work with and showed interest and enthusiasm in Health prevention. I also gained a greater appreciation for the challenges members face as Municipal Health Representatives. I wish to jointly thank all staff and Board for the positive support I realized from you in the past year. I hope I can build on this cooperative base to enlarge on and improve my services to you in the coming year.

I found the year exciting as major changes in Community Health Services Branch seemed to be happening which involved the Director of Regional Support Services.

Highlights

- "Serving People First Initiatives" - a process of reemphasizing the importance of client service and involving all staff in programme delivery improvement. This was a project which involved the D.R.S.S. as a participant and facilitator for the Branch. I look forward to working with the inhouse committees on Strategies and Systems to achieve our mission.
- "Everyone Wins Programme" - this year a new initiative in promoting a healthy lifestyle was launched. The programme's effort to involve as many groups, individuals and agencies in the objectives required the involvement of the Director of Regional Support Services to assist where possible in education and promotion.

There were administrative actions commenced within the region to help improve programme delivery, i.e., computerization, improved personnel actions, addressing facilities and space, orientation and inservice to staff.

We have set objectives for the coming year to build on the positive initiatives by dealing directly and effectively with Serving People First Committees' recommendations. I shall continue to make myself available to work with the Regional Board wherever possible in promoting Health Region's objectives. I see the future in preventive health exciting and one which is gaining renewed recognition by the general public and allied Health agencies. I will endeavor to do my part to support and promote effective Community Health Services delivery to our clients.

A. W. Tkatchuk
Director of Regional Support Services

CHIROPODY

The Chiropody program has been operating in the Swift Current Health Region since August, 1984. Since that time 16,168 services have been provided to 3,400 individual patients.

As well as the main Swift Current office, Chiropody services are provided from two satellite clinic locations on a regular basis. Shaunavon received a service every three weeks and Maple Creek once per month. Both of the satellite clinic locations have proved popular and are kept quite busy.

During the year a number of presentations or workshops have been given to inform both the public and the professionals in the region of the Chiropody program. Here is a list of the presentations given:

Group	Number of Persons
Beta Sigma Phi-Perceptor Gamma-Presentation	12
Wheatland Home Care - workshop	9
Prairie Pioneer Lodge, Swift Current - workshop	28
Wolf Willow Lodge, Eastend - workshop	16
Swift Current Nursing Home - workshop	23
Palliser Regional Care Centre	28
	116

In the early part of the year the Chiropodist was asked to cover some of the duties of the Director of Regional Support Services and assumed the Officer-in-Charge duties for one month. Due to these extra commitments, the waiting period for new patient Chiropody appointments was four to six weeks. This situation was alleviated in the summer when these extra duties were taken on by the Director of Regional Support Services, and the Chiropodist was able to resume the Chiropody duties full-time.

I would like to say a very big thank you to Mrs. Cathy Sartison, Chiropody Assistant, for the help and support she has shown over the last year.

Respectfully submitted,

Dr. T.M. Wharton
Chiropodist

Chiropody Program Statistics - April, 1988 to March, 1989

Patient Visits - Swift Current Region

Patient Visits	Category 1	Category 2	Category 3	Category 4	Total
New	150	42	169	272	633
Return	782	195	1087	926	2995
Total	937	237	1256	1198	3628
Discharge	123	42	169	284	618
Total Caseload					1316

Patient Visits - Shaunavon Office

Patient Visits	Category 1	Category 2	Category 3	Category 4	Total
New	30	3	21	36	90
Return	88	21	81	54	244
Total	118	24	102	90	334
Discharge	17	2	26	41	86
Total Caseload					148

Patient Visits - Maple Creek Office

Patient Visits	Category 1	Category 2	Category 3	Category 4	Total
New	20	-	19	13	52
Return	62	2	65	60	189
Total	82	2	84	73	241
Discharge	16	4	24	18	62
Total Caseload					103

Patient Visits - Swift Current Office

Patient Visits	Category 1	Category 2	Category 3	Category 4	Total
New	100	39	129	223	491
Return	637	172	941	812	2562
Total	737	211	1070	1035	3053
Discharge	90	36	119	225	470
Total Caseload					1065

COMMUNITY THERAPY PROGRAM

Introduction

Over the past year the Community Therapy Program has continued to provide therapy services to the rural hospitals, nursing homes and community agencies such as schools, Abilities Council Workshops, senior citizens groups and Early Childhood Intervention Program. New undertakings out of the Swift Current Office have included providing service into the Moose Jaw Health Region in Herbert and Central Butte as well as providing combined occupational therapy and physiotherapy services to Central Butte, Maple Creek, Vanguard and Ponteix communities.

Staffing

Working out of Swift Current office are three part-time staff.

*Lyn Sauder (OT) is half time and has been sharing a position with Donna Henderson since the end of Donna's maternity leave. Lyn travels to:

Gull Lake - 1 day/mo.*
Cabri - 2 days/mo.
Leader - 1 day/mo.
Maple Creek - 3 days/mo.

*Bev LeBruno (PT) works one day a week. She provides services in:

Central Butte - 3 days/mo.
Vanguard and Ponteix - 1 day/mo.

*Donna Henderson (OT) returned from maternity leave in October and now shares a position with Lyn. She works 2 days a week and provides service to:

Swift Current - 2 days/mo.
Central Butte - 3 days/mo.
Herbert - 1 day/mo.
Vanguard and Ponteix - 1 day/mo.

Activities

1. Central Butte - This community is a new area of service for the Community Therapy Program which was initiated in October. It is one of the first to receive both physical and occupational therapy services. Sending two people to the area created some delay in initial organization but the service was quickly initiated and is being well utilized. The presence of the two disciplines means that easy consultation is possible as well as assignment of referrals to most appropriate discipline. It was decided that Donna would be the contact person at the nursing home and Bev at the hospital. One inservice was provided at the nursing home on Range of Motion in the Daily Routine. The director of care there is trying to include range of motion exercises into the daily care of the residents. So far the response seems to be favorable although it requires consistent reinforcement by both the *DOC and the CT.

2. Herbert - This community can be very busy and usually generates a steady flow of referrals as well as having two special care homes. The senior citizen's home received an educational session on fitness for seniors and involvement there has consisted primarily of consultation. At the nursing home the majority of time has been spent on inservice education including

respiratory care, management of post operative hips, back care, lifting and *transfers and ROM in daily activities.

3. Vanguard and Ponteix - This area receives service from both a physical and an occupational therapist. It recently has not been very active with few new referrals. The therapists are planning to initiate a more intensive program of inservice education. To date, Vanguard Hospital has received an inservice on Management of Post Operative Hips and on Quality of Life in Hospital Level Four Care which included general information on gerontology, respiratory care, suggestions on implementing activity and exercise.

4. Swift Current - Service is provided to the nursing home and Pioneer Lodge as well as making home visits and consulting with the Abilities Council Workshop. Inservice in the nursing home has focused on Range of Motion in Daily Activities. Implementation is slower here but the program has excellent support from the Director of Care.

5. Gull Lake - Regular monthly meetings were initiated in November. The service has been very well received. Inservice has included lifts and transfers and a public education presentation on respiratory care.

6. Cabri - Service here has been expanded on a trial basis with the therapist seeing out patients. The therapist visits 4 half days per month. Service has been well utilized. Plans are to build a new integrated facility with construction to begin within a year.

7. Leader - This area continues to generate few referrals. Service is best utilized by the nursing home where inservices on perceptual problems and range of motion have been provided. An inservice on perceptual problems was presented to hospital staff.

8. Maple Creek - Since October both occupational therapy and physical therapy * have been provided. Physio providing most of the OP service and OT providing most of the service to inpatients, nursing home and community. In June a public education workshop on management of arthritis was presented. This event was well attended and positively received.

Note: Several of the hospitals and nursing homes have not been able to utilize the inservice education component of the program because of nursing continuing education programs.

* Denotes: OT - Occupational Therapist
PT - Physiotherapist
DOC - Director of Care
mo - month
CT - Community Therapist
ROM - range of movement

Statistics

Patient care - direct patient care: 482.6 hours
- indirect patient care: 278.5 hours
- overall total 761.1

Total Number of Attendances 905

Total Number of New Referrals - IP: 57
- OP and others: 210
- overall total 267

Inservice Education - staff education: 53 hours
- public education: 21.5 hours
- overall total ..... 74.5 hours

Consultation ..... 62.5 hours

Preparation, Planning, Statistics and Meetings ..... 302 hours

Travel ..... 421 hours

Professional Development ..... 78.5 hours

APRIL 1, 1988 - MARCH 31, 1989 REPORT

COMMUNITY THERAPY

COMMUNITIES: SHAUNAVON, GULL LAKE, EASTEND, CLIMAX, FRONTIER, MAPLE CREEK

Staff working out of Shaunavon Office: Colette Anderson
Diane Kruse-Dahl

STATISTICS

1. Total Weighted Units - 81,411
2. Total Attendances - 2445
3. Total New Referrals - 574
4. Total Carry-over Patients - 448
5. Total "Non-Patient Care Activities" Units - 38,650

INSERVICES/WORKSHOPS

1. THR/Pinnings and Rehab Care -
   Gull Lake Hospital and Special Care Home staffs (31 in attendance)
2. Lifting/Transfer Techniques - Climax Hospital staff (6 in attendance)
3. Lifting/Transfer Techniques - Shaunavon Nursing Home (22 in attendance)
4. Lifting/Transfer Techniques - Gull Lake Special Care Home (20 in attendance)
5. Lifting/Transfer Techniques - Shaunavon Union Hospital Staff (8 in attendance)
6. Coping with Arthritis - Shaunavon Public (16 in attendance)
7. Coping with Arthritis - Maple Creek Public (26 in attendance)
8. Walking and ambulation aids - Shaunavon Home Care staff (11 in attendance)
9. Exercise and Diabetes - Shaunavon Diabetic Assoc. (15 in attendance)
10. Reducing Risk of Heart Attack - Frontier Sr. Citizens (25 in attendance)
11. Coping with Respiratory Disease - Gull Lake Public (10 in attendance)
12. Respiratory Workshop for Nurses - Shaunavon Hospital staff (4 in attendance)

ADDITIONAL PROJECTS

1. Post-op hip slides
2. "Serving People First" Systems Committee
3. District Screening and Co-ordinating Committee
4. Post-op Hip care presentation to Community Therapists
5. Public Relations - Christmas Social (Hospital Staff)
   - Easter / Physiotherapy Week Social (Hospital Staff)

Year End Community Therapy Report

Community Summaries

1. Shaunavon - continues to be an extremely heavy user of outpatient and inpatient physiotherapy services
   - service also provided to Home Care clients, Lodge & Nursing Home residents, Ability Centre clients and general public.

2. Maple Creek - combined Physiotherapy and Occupational Therapy coverage to Maple Creek was initiated October 1, 1988. Patient care includes an outpatient and inpatient program as well as regular visits to the Cypress Lodge, Sydney Street School and home visits as required. Caseloads in all areas are generally light.

3. Eastend - service is provided to hospital in-patients on an on-call basis. Requests for treatment/consultation are made approximately every 4 months. Inservices are available to nursing staff on request.

4. Climax - the service provided is the same as that to Eastend; however, requests for intervention are slightly more frequent (approximately every 3 months).

DENTAL HEALTH EDUCATION

1988-89 saw the completion of the first school year, and the beginning of the second in the Dental Health Education Program. The following report will highlight some of the various activities during the year.

Dental Presentations April 1 - June, 1988

April 1 ended my first round of Dental Presentations to Kindergarten, Grade 1, Grade 3, and Grade 4 students in the 69 schools in my area. I immediately started my second visits to the Kindergarten and Grade 1 students. During April, my time was divided between Dental Health Month Activities and school presentations.

July - August, 1988

DHE's are expected to take our holidays when the children are not in school. This includes our earned days off. It was necessary therefore, to take 4 weeks of holidays in the summer months. The remainder of the time was spent developing a Dental Day Care Kit to be used provincially, as well as working on materials for presentations for the coming school year.

Program Changes

For our second school year in the program, it was decided that we would include three more grades. Kindergarten through Grade 6 students were to be seen. This necessitated eliminating the second visit per year.

Additional Changes

Two schools in my area were closed, Pennant and Rosenhof. This changed the number of schools from 69 to 67. The overall total of children, however was not changed.

Dental Presentations - Sept. 1, 1988 - March 31, 1989

The second school year into the program I was able to see the value of my services. As I returned to the schools, several children would remind me of things they had learned and practiced since my previous visit the year before. Presentations went very smoothly and the schools welcomed the addition of the three grades into the program. All in all its been a good, albeit very busy year.

Loretta Fuller

Loretta Fuller

DENTAL HEALTH EDUCATION STATISTICS - April 1, 1988 - March 31, 1989

Number of Schools visited:	89
Number of Presentations:	305
Number of Children:	8800

Distribution of Time (Estimation)

Presentations	39%
Travel Time	8.75%
Fluoride Mouthrinse	1%
Conferences & Inservice	5%
Providing Information	2.5%
Day Care Kit	1.5%
Office Work	10%
Scheduling and Preparation Time	30.25%

Dental Health Month Displays

- Maple Creek Co-op - April 19, 1988
  Items Distributed:

Adult Toothbrushes	101
Child's Toothbrushes	68
Colouring Books	53
TOTAL	222

- Swift Current Wheatland Mall - April 21,1988
  Items Distributed:

Adult Toothbrushes	140
Child's Toothbrushes	121
Colouring Books	150
TOTAL	411

- Shaunavon Co-op - April 22, 1988
  Items Distributed:

Adult Toothbrushes	154
Child's Toothbrushes	58
Colouring Books	70
TOTAL	282

NUTRITION PROGRAM

The Public Health Nutritionist promotes optimal nutritional health for the community through provision of consultative services, information, educational resources, counselling services and programs directed to health professionals, government agencies, community groups and individuals.

The nutritionist position was vacated in mid-September, 1988. The position was filled on a casual basis in November, 1988 and on a permanent basis as of January, 1989.

During the 1988-89 year, the Public Health Nutritionist continued to be responsible for the nutrition program administration and delivery of services for both the Swift Current and Moose Jaw-Assiniboia-Gravelbourg Health Regions.

To meet the many and varied needs of the population served, the nutritionist participates in diverse activities, such as:

- group education sessions
- media promotional activities
- professional consultation and inservice
- program planning
- diet assessment and counselling
- resource development, and
- research

A summary of activities and progress during the past year follows.

1. Weight control has become a national obsession. Each year millions of dollars are spent on diet clinics and books, reducing aids, exercise classes and diet foods. Many Canadians feel pressured to achieve unrealistically low weights. Consequently, the promotion of healthy weights for all Canadians has become a priority. The nutritionist, as part of a provincial committee, has established promotional strategies for the healthy weight concept.

   National Nutrition Month in March again focused on the promotion of Healthy Weights. Activities not only stressed the adoption of the body mass index (BMI) and the waist-hip ratio (WHR), but introduced the concept of low fat eating. This aspect of the promotion complements other educational programs dealing with risk-reduction for chronic diseases. Included are heart diseases, high blood pressure, high blood cholesterol, some cancers and to a lesser degree, diabetes.

   An educational package was developed by the Healthy Weights Promotion Committee for use with adult males. This package stresses chronic disease risk reduction. Copies have been provided to the hospital and Regional Dietitians in the area.

2. Of late there has been much concern over pregnant women at risk for delivering low birth weight infants. The Prenatal Screening Committee was struck to investigate possible preventive measures. The nutritionist

participated in the development of an educational tool for pregnant women which stresses the importance of adequate maternal weight gain. As well, developmental work was done on a more in-depth screening/assessment tool and the necessary supporting materials.

3. To better reach the school-aged population with reliable nutrition information, presentations were provided to groups of teachers and counsellors.
    a) Sessions provided at the Southwest Teachers' Convention dealt with nutrition and chronic disease prevention. Methods for changing habits to incorporate lower fat and higher fibre were presented.
    b) The nutritionist participated in a 1-day Eating Disorders Workshop through Swift Current Mental Health Region. Personnel from Mental Health Services and Community Health Services attended with community counsellors and educators. The social pressures to be thin placed on young people were discussed in relation to the development of an eating disorder.

4. To determine the learning needs of public health nurses, a needs assessment survey was conducted. The results will assist the nutritionist in planning of future inservices. Due to the decreased number of nursing staff conferences, regular nutrition updates will be provided in the form of a newsletter.

5. Group education was provided to 15 groups in 5 communities. The demand for nutrition information and services continued, resulting in the provision of professional consultation, counselling and resources to 184 individuals, agencies and special groups.

6. As part of a continuing commitment to professional education, one dietetic intern was provided with a three-week public health experience. Several conferences were attended during the year as part of on-going professional development.

7. The promotion of good nutritional practices as fundamental to an individual's preventive health care needs continued to be emphasized in the weekly newspaper nutrition column. This column is sent to 3 papers in the health region.

Thanks are extended to community members and municipal health representatives for their support of the nutrition program. As well, the staff of the health region and those in central office are thanked for their continued co-operation and support.

Respectfully submitted,

Laurie A. Wadsworth, M. Sc.
Public Health Nutritionist

Nutrition Program Statistics - 1988-89*

Nutrition Education & Inservice	
Number of groups	15
Attendance	267
Orientation	
Number of sessions	2
Attendance	2
Number of interns	1
Duration of experience	3 weeks
Media & Nutrition Promotion	
Press Releases	
Number researched and written	7
Number sent to newspapers	48
Number columns edited	14
Displays	2
Resource development	4
Resource review	14
Professional Consultation/Technical Support	
Health Professionals	85
Educator & student requests	9
Lay Public	40
Individual Client Concerns	
Consultation	8
Screened/Assessed	7
Counselled	35

Special Projects

Prenatal Screening Committee
Healthy Weights Promotion Committee
Nutrition Education Needs of Public Health Nurses Project

* Position vacant for 6 weeks and filled on casual basis for 2 months.

PUBLIC HEALTH INSPECTION

Staff

During 1988-89, we have had quite a few inspectors on staff in the Region.

Robin Galbraith was on maternity leave beginning June 16 and returned to work on a part-time basis on December 1. It should be noted that Robin has now been with this Region for 10 years.

Grant Paulson began work on October 4, 1988 on a part-time basis. He provides service to both the Moose Jaw and Swift Current Regions at a rate of three days per week.

Wendel Stroh, retired Senior Inspector, worked in the Region from May 1 to September 30, 1988 to assist with shortage caused backlogs. Wendel was a great asset but there is no substitute for permanent staff.

Robert Blatchford worked as a field trainee in Swift Current during the summer of 1988, then worked as a Provisional Inspector until December 31 when he moved to an inspection position in the Moose Jaw Health Region.

Mathew Green began working as a Public Health Inspector in December of 1988 in Swift Current. He was born and raised in the area and brought two years experience from Foothills Unit in Alberta. His district is the #32 Highway to Leader, #4 Highway to the Landing plus ½ of Swift Current, Burstall, Fox Valley-Richmound.

I continue to be split between the Swift Current and Moose Jaw Health Regions as the Senior Public Health Inspector.

Inspector I's were reclassified to II's in June of 1988. This was done to gain a wage increase and to help stem the flow of inspectors out of the province.

We continue to have the vacancy in the Shaunavon/Maple Creek area.

Progress

The biggest change occured in December when the new Public Eating Establishment Regulations were passed. These regulations require food handler training of specific numbers of staff. This is a progressive move which we have agitated for for a considerable length of time. We are now beginning to organize courses to train the staff needed.

Inspectors instructed five Food Handler Schools in 1988. 51 people attended and successfully completed the course.

One Pool Operators course was conducted and nine people successfully completed it.

All staff have put a good effort into completing inspections and staying on top of problems as best as can be expected with the staffing levels we have.

Problems

The 1988-89 year has been eventful. I'd like to highlight a few of the problems we've had to deal with.

Grant was chased by an angry home owner with a branding iron. The attacker didn't get Grant but did inflict $2000.00 damage on a car.

Lead in drinking water was an issue for a while in the fall. No specific problems were found in this region.

Chilean fruits was a time consuming issue. Calls and visits to grocery stores, food wholesalers etc., plus calls from the public kept the staff busy for a while.

Feedlots have been the source of complaints from neighbours because of flies and odours.

Garbage from a hospital, its handling and disposal was investigated.

Complaints of wild game in grocery stores and a restaurant were investigated and reported on in co-operation with the Department of Parks, Recreation and Culture.

All in all another interesting and challenging year. A statistical report can be found in the appropriate area of the report.

Respectfully submitted,

John Bower

John Bower

Annual Statistical Report - 1988-1989

Type of Facility	No. of Facility	No. of Inspections and Visits	Percentage of Time Spent
Public Eating Est.	216	384	14
Food Distribution	79	41	2
Food Processing	34	19	1
Liquor Outlets	55	44	2
Hospitals	11	0	0
Schools	76	11	1
Institutions	42	40	2
Housing	--	75 hrs	2
Mobile Home Courts	5	3	1
Trailer Courts	12	6	1
Hotels	36	44	2
Motels	30	39	1
Industrial Facilities	--		1
Swimming Pools	34	69	3
Agricultural Fac.	--	21 hrs	1
Personal Service Fac.	58	2	1
Recreational Fac.	79	57	2
Plumbing		225 hrs	6
Investigations		88 hrs	2
Misc.			
TOTAL	803 facilities		46
General Service			23
Office Service			19
			100%

PUBLIC HEALTH NURSING - Annual Report
Ms. Joan Whiteside
Regional Nursing Supervisor

It is my pleasure to highlight some of the Public Health Nursing activities from April 1, 1988 to March 31, 1989.

This year "twinning" of health regions marked a major change. The Regional Nursing Supervisor is expected to spend two days per week in Moose Jaw and the rest of the time in Swift Current while assuming duties for both regions. Health Region #1 presently has ten public health nurse I positions, 1 assistant, and one Regional Nursing Supervisor serving a population of approximately 48,000 people and covering 15,336 square miles.

Position Changes:

Once again our staff has remained relatively stable this past year. We were saddened by the death of a long-term employee, June Schmidt (recently married and name change to June Fritzke). June died after a lengthy illness in December, 1988. June's caring attitude to both client and colleague will long be remembered -- we will miss her very much and value the contributions she made to the department over the years.

Kathy Scherger left on maternity leave for one year and was replaced by Rebecca Pollock temporarily. Corinne Arnold filled the PHN I position at Maple Creek.

Hazel Padfield was promoted to the Assistant Nursing Supervisor position in September, 1988. This Public Health Nurse I position was redistributed to another Health Region.

Joan Whiteside, Regional Nursing Supervisor, commenced twinning duties on September 14, 1988. As supervisor, Ms. Whiteside now assumes duties for Moose Jaw Health Region as well as Swift Current Health Region.

The RNS is expected to spend 2 days per week in Moose Jaw and the rest of the time in Swift Current while assuming duties for both regions.

Program Changes:

1. Passport to Health Program

This program involves services to infants and preschool children from birth to four years of age at Child Health Centres. This past year, revisions were made to the Vision Program and the Speech-Language components of the program.

The cover/uncover tests were eliminated from the vision screening program. The public health nurses now screen the 6 and 9 year olds in addition to the 4 year olds. This program will be evaluated in 1990.

A new communication screening tool was piloted in Yorkton and Saskatoon Rural Health Region and introduced provincially in April of 1989. The tool is more easily administered and allows for more nursing judgement. The Communication Screen is used with any three year olds attending Child Health Centres. The program will be evaluated over the course of the next year.

New statistical forms were also introduced July 1, 1988. It is hoped that these forms will tell us more about the services we presently offer. We welcomed the addition of a computer, centrally, in tabulating the results from each health region.

The Developmental portion of the program is still under review.

2. Prenatal Program

The Public Health Nurses have now been using the standarized prenatal manual for over a year. As of April 1, 1989 a Public Health Nurse Support Program for adolescents was introduced with an accompanying manual. We hope to reach this age group more effectively and keep data that will tell us more about our services. The educational system, along with Social Services and the edical ssociation have been involved in the planning of this program centrally.

3. Postnatal Program

Public Health Nurses continue to follow new families and to establish long-lasting relationships that maintain a health continuum along the way. It is through the varied Public Health Nursing contacts that many clients learn more about the services provided in the community.

4. SAIL Program (Saskatchewan Aids to Independent Living)

This program is continuing to involve a great deal of Public Health Nursing time. Many recommendations for change in this area have been discussed throughout the course of the year.

Several new booklets that describe the type of equipment being used and how to care for it have been implemented in the regions and are very useful to both the client and the nurse.

5. School Program

Public Health Nurses continue to be involved in a variety of ways in the school system. As part of the "Everyone Wins" program, a public health nurse collaborated with the Cancer Society and our nutritionist to focus attention on the importance of nutritional factors in the adolescent population. The project was heralded as a huge success and the efforts of the nursing staff must be commended.

6. Well Elderly Clinics

With the loss of one Public Health Nursing position in Swift Current, clinics previously held at Heritage Towers and Prairie View Lodge were discontinued. Clinics continue to be offered at Tompkins, Piapot and Burstall where a large portion of the population is elderly. Some health promotion activities with topics ranging from "nutrition" to "AIDS" have been held in conjunction with the clinics and at the client's request.

As Public Health Nurses, we feel this is a very worthwhile local initiative.

7. Communicable Diseases

Responsibility for TB control has now been transferred to the Communicable Disease Control Branch. Public Health Nurses are now more involved in contact tracing and follow-up.

The Haemophilus B Conjugate Vaccine (HIB vaccine) was introduced on June 1, 1988. This vaccine is being offered to children between the ages of 18 months and two years. The Public Health Nurses have implemented this program very effectively and it is hoped that the introduction of the vaccine will prevent this form of bacterial meningitis that is so common in this age group.

Anothers AIDS training session was held to try and recruit volunteers from the more remote parts of the region. We were more successful this time, however, requests from the general public have dwindled somewhat.

A communicable disease manual was introduced by the Medical Advisory Committee to assist the Public Health Nurse in the follow-up of communicable disease.

Follow-up of communicable disease has involved scabies and pediculosis screening. although salmonella, giardiasis, camphylobacter, shigella and E. Coli 0157 cases have been followed by the public health nurse.

Sexually transmitted diseases continue to be on the rise.

Nursing Student Experience

1988 heralded a "first" for Swift Current Health Region. A student from the University of Lethbridge was placed under the direction of the two Public Health Nurses for the month of May in Shaunavon. The nurses managed quite capably and the general feeling was a positive one at the end of the experience.

Swift Current hosted one post - R.N. student from the University of Saskatchewan. This was the first year that the College of Nursing implemented a more independent approach to student learning and observation. In general, both the staff and students found the experiences mutually benefitting.

Additional Programs:

The Branch has introduced the "Everyone Wins" program. This program promotes a healthy lifestyle and encourages any group to participate in a project that will benefit others with the assistance of a grant. Public Health Nurses have been called upon to assist these groups.

"Serving People First" is another program offered by the Branch that aims at improving the quality of our service delivery. All Public Health Nurses participated in this program.

I would like to take this opportunity to express my sincere thanks to all the Public Health Nurses who do an excellent job from year to year.

We welcome Dr. Jones as Medical Health Officer for the Swift Current/Moose Jaw Health Regions. It would be remiss of me not to mention all members of the health team and thank them for their continued support. The Regional Board of Health has been a great support in issues of concern and we appreciate their involvement in matters that pertain to us. Thank you for your support and encouragement in helping us provide services.

Respectfully submitted,

J Whiteside

Joan Whiteside
Regional Nursing Supervisor

Selected Public Health Nursing Statistics 1988-89

	1986-87	1987-88	1988-89
Number of Nursing Hours	17,912	17,944	17,516.5
Total Number of Home Visits	1236	1193	990
Prenatal Service			
Home Visits	82	29	22
Other Contacts	226	217	320
Prenatal Classes			
- number of classes held	105	126	125
- total attendance	256	293	320
- total number of mothers	134	151	165
- total number of fathers	122	142	155
Postnatal Services			
Home Visits	246	304	291
Other Interviews/Contacts	558	650	794
Child Health Conferences			
- number of appointments available	N/A	5906	5427
- number of appointments made	N/A	5183	4789
- number of appointments kept	N/A	4485	4140
- number of appointments not kept	N/A	754	698
- number of visits seen	N/A	764	426
Total Attendance at Child Health Conferences			
Infants	N/A	1941	1854
Preschool	N/A	2833	2548
Total number seen	N/A	4774	4402
School Health Services			
Total School Enrollment	9268	9364	8996
Students seen	6427	4368	4314
Teacher-Nurse Conferences	1268	976	745
Students discussed with parents	2017	1057	274
Other student contacts	167	36	97
Immunization			
Infant - total immunization given	3780	3428	3222
Preschool - total immunization given	4666	3173	3433
Schools - total immunization given	2898	2227	1343
Adult Services			
Home Visits and contacts (over 65 years)	346	242	187
Home Visits and contacts (other)	435	1046	249
Total Adult Immunizations	375	172	290
Other Services			
Communicable disease visits/contacts	218	158	410
Total Official Visits	1247	1087	1206
Referrals to other agencies/personnel	829	561	1304
Total Group Education Sessions	62	64	46
SAIL - home visits	N/A	344	1206
- other contacts/interviews	N/A	500	136

SPEECH-LANGUAGE PATHOLOGIST

The mandate of the Speech-Language Pathology program in Community Health, is the early diagnosis and remediation of speech and language problems in the preschool population. Of a lower priority are the needs of adults. Speech and language disorders take many forms: sound production problems (related to auditory or oral-motor problems); delay or disorder in the understanding of language and/or the expression of thoughts and ideas; fluency disorders (stuttering); and voice problems (nasality, hoarseness). These disorders can occur in isolation or in combination. They are exhibited in varying degree from mild to profound. Some of these problems occur simultaneously with other pervasive developmental problems, as in the area of motor skills (eg. cerebral palsy); cognitive skills; self-help skills; and emotional development. To meet these diverse needs, collaboration between disciplines and agencies is crucial. Past collaboration have involved the following: Public Health Nurses; Early Childhood Psychologist; Community Therapists; Early Childhood Intervention Program; Social Services; Child and Youth Services; Regina Daycare Branch; Daycare Directors; daycare workers; Children's Rehabilitation Center; Alvin Buckwold Center; Wascana Rehabilitation Center; Swift Current/Gull Lake/Maple Creek Shared Services; Department of Education; physicians; Palliser Regional Care Center; Swift Current Union Hospital; University Hospital; and most importantly of all, parents. Lack of time, personnel and a vast geographical area can put a strain on the effectiveness of these collaborations. A great deal of extraordinary effort is being put forth by all.

Presently, regular clinics are held at Swift Current, Shaunavon, Maple Creek and Leader. Speech-Language Pathologist, Michele Kusler oversees the last two clinics. Since January 1987, Michele has been working part-time (one day/week). Her services will be terminated as of June 30, 1989. I will then resume responsibility for the Maple Creek Clinic. Michele's efforts and contributions will be greatly missed.

Most clients are referred by the Public Health Nurses as a result of the 3-year communication screen completed as part of the passport to health program (refer to statistics). To accommodate clients for diagnostics and direct therapy, three blocks of therapy sessions are set up: a fall session, winter session, and a spring/summer session. Diagnostic clinics are held weekly as well as at the end of a block over an extended number of days when necessary (eg. to address waiting list for assessments or overdue reviews). Clients are seen for direct therapy weekly or twice a month. As a therapy block precedes the waiting list for therapy expands. Before initiating a new block, clients needing direct therapy are prioritized. The children I generally see for direct therapy are those exhibiting severe to profound speech, language, voice or fluency problems that do not exhibit accompanying developmental delays. Clients with mild to moderate problems are put on a home program and skills are periodically re-evaluated. Children with probable global developmental delays or social-emotional problems are referred to the Early Childhood Psychologist (ECP) and/or the Early Childhood Intervention Program (ECIP). Once a child is accepted into ECIP, I, as well as the ECP, function as a consultant to the child's program. Unfortunately, the ECP

position has been vacant for months and has created a serious gap in services. Child and Youth Services have agreed to see children only if the functioning of the family unit has been affected to the detrement of the child. The support of Dr. Kline, Director of Child and Youth, and his staff has been appreciated. Lastly, the demands and needs of the adult population persist and continue to be difficult to meet.

Many new initiatives have been implemented this year. Provincially, a new Communication Questionaire was developed and then piloted in Saskatoon and Yorkton-Melville Health Regions. Upon completion of the pilot, an orientation
* involving all the Speech-Language Pathologists, PHN III's and PHN II's was held on January 27, 1989 in Regina. Next, I held an orientation with the PHN I's on February 14, 1989. Most comments concerning the new questionaire have been quite positive. I'd like to express my gratitude to the Public Health Nurses for their hard and very efficient work.

The third annual Intensive Adult Stuttering Clinic was held for two weeks during February, 1989 at Fort San. To ensure the maintenance of fluency skills, a refresher weekend course was run for the first time during September, 1988. Most research stresses the importance of maintenance programs to ensure the effective control of stuttering. Two adults from the Swift Current area have benefited from this service. It has made a real difference in their lives.

Locally, I was able to complete the requirements enabling me to obtain a Certificate of Clinical Competence (CCC). Norma Mitchel, a Speech Language Pathologist from Moose Jaw, supervised my work in order that I could obtain it.

Michele Kusler and I revised our report form and case history forms. We also
* had an opportunity to thoroughly discuss the new SLP orientation manual together. Many inservice and public education endeavors were completed:

Speech and Hearing Month Mall Display	May, 1988
"Vocal Abuse Workshop" presented to Hutterite Teachers' Association	October, 1988
"Managing the Aphasic Client" presented to the Southwest Regional Therapist's Group	February, 1989
Orientation of the Communication Questionaire	February 14, 1989
Parent Training Workshop - "Developing Language Stimulation Techniques and Setting Language Goals"	Jan. 21, Feb. 18, March 10

Lastly, I have appreciated the assistance of Cameran Allen of University Hospital for providing services to two of my clients (a laryngectomy and a stutterer); Shaunavon Public School for providing video equipment needed for therapy; Felicity Foster, School SLP, for her assistance with the parent
* workshops; and Kelly Richter, Director of the SLP and ECP programs for her leadership and support.

Lynn Bateson

Lynn Bateson

* Denotes: SLP - Speech Language Pathologist ECP - Early Childhood Psychologist
PHN - Public Health Nurse

Speech-Language Pathology Selected Statistics - April 1, 1988 to March 31, 1989

A. Distribution of Time

- Casework	75.3 %
- Public Education	4.2 %
- Professional Development	4.82%
- Administration	10.34%
- Travel	5.5%

B. Source of Referrals

- Public Health Nurse	53
- Early Childhood Psychologist	1
- Medical Doctors	10
- Saskatchewan Hearing Aid Plan	0
- Parents	7
- Other	28
TOTAL NUMBER OF REFERRALS:	99

C. Status of Caseload as of March 31, 1989

- Waiting for Assessment	12
- Waiting for Therapy	5
- In Treatment	92
- Overdue for Review	4
TOTAL CASELOAD AS OF MARCH 31	110

SUPPORT STAFF

We have had some changes in the clerical department in the past year. Brenda Bergstrom transferred to another department, this position was filled with Sally Wiens and Julie Wagner job sharing. The Clerk Typist III position was filled by Ardyce Taylor, leaving her Clerk Typist II position vacant. This position will not be filled. Once again reorganizaton of duties resulted in the workload being more evenly balanced and to accommodate the vacany & job-shared position. The major concern in the clerical department is the coverage of the two reception areas. The workflow could be further enhanced and the coverage problem solved with the proposed renovations.

District office personnel changed in Maple Creek. Gerry Carson, Clerk Typist II, transferred to another department in September. The position was filled by Sharlaine Dean as of January, 1989.

With the closing of the Health Region #1 office the clerical duties were moved to our office. This brought more clerical hours of workload to our office.

With the extra clerical work and cutting of staff it has meant more work imposed on each clerical staff member. I wish to commend each of the clerical staff on the input, both in the workload and the sharing of duties. It has enabled us to complete the work in an acceptable time frame and keep the team approach.

Clerical meetings are held regularly every two months to resolve any problems and/or concerns that arise and update the staff on new material. These have proved to be very beneficial.

I wish to thank the clerical staff for their support and hard work over the past year. Thank you also to Alvin Tkatchuk, Director of Regional Support Services, for his assistance and support; Dr. Jones, Medical Health Officer, and regional staff for their continued support and co-operation.

Ardyce L. Taylor

Ardyce Taylor
Clerk Typist III